

FORM SLIP 1-7-71 5 AREA (For additional cross references)

07/01/68

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AD	69861	8/18
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	7/2	60035	8/30/68

### INDEX OF CLAIMS

✓ Rejected  
 □ Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
Final Original	11 6 1 15 20 11 5 4 3 2
1	✓
2	✓
3	✓
4	✓
5	✓
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49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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